

METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) ACTIVE SURVEILLANCE TESTING (SCREENING) PROGRAM

I. PURPOSE

The purpose of this procedure is to outline practices to comply with the Methicillin-resistant Staphylococcus aureus (MRSA) Screening portion of California (CA) Senate Bill 1058 (Medical Facility Infection Control and Prevention Act or Nile's Law). MRSA screening (active surveillance testing) is used to identify patients who are nasally colonized with MRSA.

II. POLICY

MRSA screening is performed within 24 hours of admission to the hospital for the following defined patient populations as noted in CA Senate Bill 1058:

- Patient has been previously discharged from a general acute care hospital within 30 days prior to current hospital admission.
- Patient admitted to an intensive care unit.
- Patient receives inpatient hemodialysis treatment.
- Patient transferred from a skilled nursing facility.
- Surgical patient (awaiting clarification from the State)

III. DEFINITIONS (from CA Senate Bill 1058)

A. Colonized:

A pathogen that is present on the patient's body, but is not causing any signs or symptoms of an infection.

IV. IMPLEMENTATION

A. Screening Procedure:

1. Non-ICU (intermediate or med/surg units):
 - a. Nurse shall conduct admission assessment via the Clinical Information System (CIS) – EPIC.
 - 1) Patient meets definition of population to be screened for MRSA (e.g., yes is checked) and a Best Practice Alert (BPA) is triggered.
 - a) BPA reviewed and acted upon by nurse.
 - b) Nurse obtains nares culture for rule out (R/O) MRSA if indicated (refer to N.05 Nasal Culture Collection in the *Patient Care Manual*).
2. ICU:
 - a. Unit Secretary (US) reviews patient's chart under 'Results/Review' for R/O MRSA order.
 - 1) If already obtained, no further action is necessary.

- 2) If not already obtained, US notifies nurse caring for patient.
- 3) Nurse orders and obtains nares culture (R/O MRSA) per protocol.

B. Notification of Results:

1. Clinical Microbiology Laboratory notifies patient care unit, as well as the Infection Control and Epidemiology Department (ICED) of positive MRSA nares results utilizing the standard notification protocol for positive MRSA results
2. Nurse notifies physician of positive MRSA nares results.
 - a) Attending physician or his/her designee (independent licensed practitioner) informs patient or patient's representative as soon as practically possible, but prior to discharge and documents via EPIC BPA.
3. ICED staff or patient's nurse initiate a Positive MRSA Screen: Nares Care Plan.
 - a) Prior to patient's discharge, patient receives oral and written instruction regarding aftercare and precautions to prevent the spread of infection to others.
 - b) Written instructions, 'Methicillin-resistant Staphylococcus aureus Testing' is placed on each inpatient unit.
 - 1) Unit calls the Nursing Office when they run out of materials to have the unit re-stocked with educational material.
 - c) Nurse educates patient, utilizing the above-mentioned written instructions.
 - d) Nurse documents education, utilizing the Positive MRSA Screen: Nares Care Plan.

C. Isolation:

Patients with a positive R/O MRSA nares culture WILL NOT be placed on Contact Precautions, nor are they placed in a private room unless they have a positive MRSA culture at another site.

References:

CA Senate Bill 1058 (Medical Facility Infection Control and Prevention Act or Nile's Law. 2008. (Effective January 2009).

Approved by: Infection Control Committee, 3/10
Quality Improvement and Patient Safety Committee, 5/10
Stanford Hospital and Clinics Medical Executive Committee,
Stanford Hospital and Clinics Board Credentials, Policies and Procedures
Committee,

Original Date: 11/08
Reviewed Date: 3/10
Revised Date: 9/10

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